

**DATE PRESENTING CLINICAL SIGNS**

2/21/23 Hyporexia for 3 weeks. Hypoglycemic episode 2 weeks ago- adjusted insulin. h/o severe stomatitis; removed all teeth. Have been tapering down Prednisolone. Currently on Prednisolone 1mg once daily. Cyclosporine ineffective. Doxycycline discontinued as significant improvement noted.

**PATIENT**

Austin Zaworski

Current Medications: Prednisolone 1mg once daily, ProZinc 5.5u SQ q 12 hrs.  
Lab Results: CBC: normal, cPL (Bionote) normal (< 1.5ng/mL). Chem: Glob 5.2, remainder normal.  
Radiographs: NSF.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

9/1/11

The left kidney has a normal shape and size (4.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

19 Pounds

The right kidney has a normal shape and size (4.49 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**HOSPITAL NAME**

Timonium AH

The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. McMichael

**Spleen**

The spleen is normal/large in size (1.24 cm), echotexture is homogenous. It is slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

45434

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The right limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

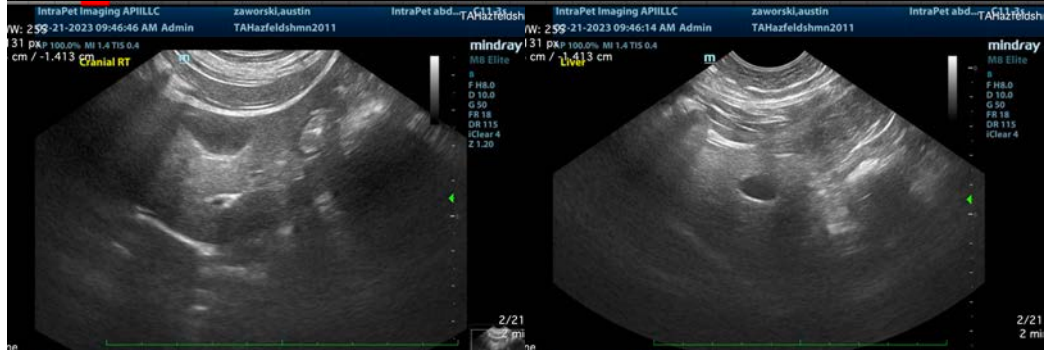
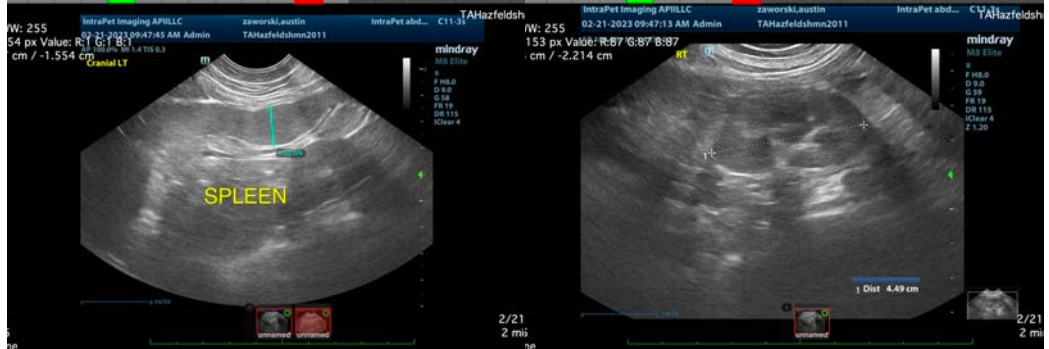
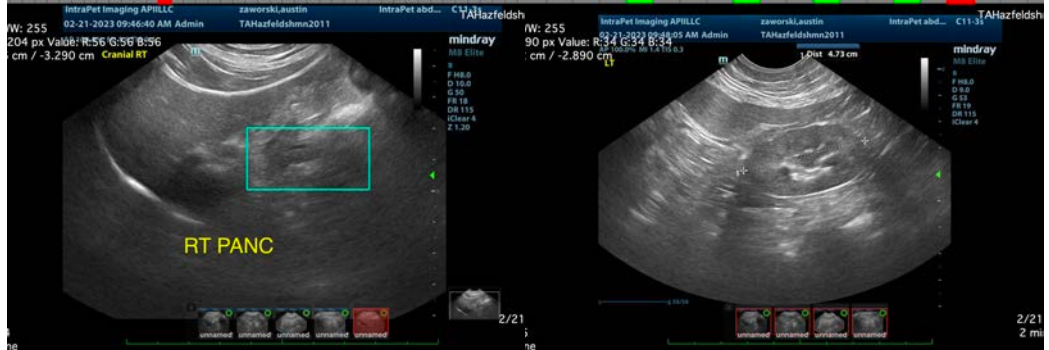
## **ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic, prominent right limb of the pancreas with mildly hyperechoic surrounding mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Borderline large/irregular spleen – This could be normal for such a large cat. No focal parenchymal abnormalities were noted.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions were visualized associated with the gastrointestinal tract, liver, or kidneys. The right limb of the pancreas does appear hypoechoic with some mildly surrounding hyperechoic mesentery as compared to a very normal left limb. Consider the possibility of active mild pancreatitis or a previous episode of pancreatitis and correlate with a quantitative fPLI level. Consider treatment for pancreatitis and continued monitoring, as primary gastrointestinal disease does not always produce significant ultrasonographic changes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com